

# ILSSA SICK LEAVE BANK ENROLLMENT FORM

## School Year 2023-2024

Employee Name: \_\_\_\_\_

I would like to donate \_\_\_\_\_ day(s) to the ILSSA Sick Leave Bank for the 2023-2024 school year. (For the 2023-2024 year, you may contribute 1 to 3 days.)

By doing so, I agree to the terms outlined in Article 13.3.6 of the Inter-Lakes School Board and Inter-Lakes Support Staff Association 2021-2024 Master Agreement and to the criteria (ILSSA SICK LEAVE BANK INFORMATION document) established by the Sick Leave Bank Committee.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

*This form must be submitted to the Superintendent of Schools by September 15, 2023 in order to become eligible for enrollment. Employees hired after the start of school have fifteen (15) days from the first day of work to enroll in the Sick Leave Bank.*

***As of August 31, 2023, the Sick Bank has 68 days remaining.***